

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

1804

State File No. ....

FILED JAN 24 1950

BIRTH NO. ....		REG. DIST. NO. <u>211</u>		PRIMARY REG. DIST. NO. <u>5777</u>		Registrar's No. <u>1-50</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tuscumbia Equality Twp</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tuscumbia Equality Twp</u> <u>0669</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Joseph</u>		b. (Middle) <u>William</u>		c. (Last) <u>Warden</u>	
4. DATE OF DEATH		(Month) <u>1</u>		(Day) <u>9</u>		(Year) <u>50</u>	
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 12, 1868</u>		9. AGE (in years last birthday) <u>81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George W. Warden</u>		13b. MOTHER'S MAIDEN NAME <u>Melinda Dotson</u>		14. NAME OF HUSBAND OR WIFE <u>Lucinda Warden</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marion Warden Tuscumbia, R1, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis + Hypostatic pneumonia</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary Carcinoma originating in Mouth. Metastatic.</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION <u>Jan 11 - 1950</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>45</u> , to <u>1-9-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-5-</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. E. Humphreys D.O.</u>		23b. ADDRESS <u>Tuscumbia, Mo</u>		23c. DATE SIGNED <u>1-10-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/11/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jim Mat Lawson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dixon R. 3 Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 14, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>		391 FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedger</u>		ADDRESS <u>Iberia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 20 1950  
District Health Officer No. 9,  
District File Number

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*Walter P. Hedger*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Walter P. Hedger*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.